HLAA FACT SHEET



Purchasing a Hearing Aid A Consumer Checklist

Hearing Loss Association of America • 7910 Woodmont Avenue, Ste. 1200 • Bethesda, MD 20814 • 301.657.2248 • www.hearingloss.org

| TESTING | YES/NO |
|---|--------|
| Were you given a hearing screening¹ or a full hearing exam²? Were you given a copy of the audiogram and any other test results? Were you given a full explanation of all tests? Were you charged for the examination? | |
| Were you told what type of hearing loss you have? What your audiogram means Why you sometimes can "hear" but not "understand" What a hearing aid can do for you and what it can't do for you | |
| Were you asked about the effect of hearing loss on your life at home, work, school, using the phone, etc? | |
| Did a "significant other" have an opportunity to express the effect of your hearing loss on them? | |
| DISPENSING | YES/NO |
| Do you know why a particular type of hearing aid was recommended? Behind-the-ear, in-the-ear, in-the-canal, completely-in-the-canal, open fitting Were your personal preferences considered regarding style, cost, or remote control? | |
| Were hearing aid features explained to you? Directional microphones, number of microphones, self-adjusting volume control, etc. Information about the telecoil³ and its uses | |
| Do the aids fit comfortably? | |
| Were you able to insert the hearing aids in your ears by yourself? | |
| Was the following information concerning batteries explained to you? How to put batteries in the hearing aid—can you put them in by yourself? Where you can buy batteries, how much they cost, keeping spare batteries handy | |
| Were all the controls explained to you? Can you operate all the programs yourself? Do you have the dexterity to operate the controls for your hearing aid? Do you have the vision to operate the controls and put in batteries? | |
| Was the following information regarding the care of the hearing aids and earmolds explained to you? How to keep earwax out of the sound bore of the hearing aid Using a dehumidifier box for night storage How often to return for regular checkups and cleaning | |
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¹ Hearing screenings are quick and cost effective pass/fail tests to find out if you need an in-depth evaluation for hearing loss.
 ² Hearing exams (assessments) determine the degree of hearing loss, the type of hearing loss, and the configuration of hearing loss and are conducted in a soundproof booth.

³ Some states have laws that require consumers to be told about telecoils in hearing aids when they purchase the hearing aid: Arizona, Florida, New York, as of 1/09.

| DISPENSING | YES/NO |
|---|--------|
| Did you receive written material on the information you received? | |
| Was the following covered at the time of your first follow up visit? Your listening experiences with hearing aids (in noise, feelings of loudness, discomfort, etc.) Fit of earmolds (comfort, "whistling" noises) How to troubleshoot problems "Real-ear"⁴ hearing aid measures rechecked | |
| Were you asked to evaluate any improvement on the effect of hearing loss on your life, at home, at work, at school, when going out, etc. | |
| Did you receive information about using telephones and assistive listening and alerting devices with your hearing aids? M/T Ratings for hearing aids, cell phones; labeling for cordless phones Assistive listening devices using telecoils with audio loops, FM and Infrared systems Devices that alert for fire and safety, phones and doorbells | |
| Were group hearing aid orientation sessions provided?Did you attend? | |
| Did you receive information about helpful resources such as speechreading classes and support groups such as the Hearing Loss Association of America (HLAA)? | |
| FULL DISCLOSURE | YES/NO |
| Did you receive a written contract detailing the services to be provided? Cost of the hearing aid Cost of the dispenser's services and number of follow-up visits included in the cost Date and place of sale | |
| Did your dispenser check your insurance status? Call the insurer to verify benefits Explain the coverage to you Explain insurance coverage provided by state law, if applicable Explain any tax credits, if applicable | |
| Did the dispenser provide information about the hearing aid manufacturers he or she works with? Disclose how many and which manufacturers s/he works with Recommend models in different price ranges | |
| Did the dispenser provide written information on any warrantees provided by the manufacturer? | |
| Did the dispenser provide written information about the trial period and refund policy? Trial period, return time limits by state law, and by office practice Fees charged if the hearing aid is returned within the trial period | |

| Dispenser name | Credentials |
|---------------------|-------------|
| Dispenser's Address | City, State |
| Your name | Address |
| City, State | E-mail |